## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

## Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

▶ Complete all entries in accordance with the instructions to the Form 5500-SF.

2042

2012

OMB Nos. 1210-0110

1210-0089

This Form is Open to Public Inspection

Part I	Annual Report Identification Information					
For calenda	ar plan year 2012 or fiscal plan year beginning 01/01/2012		and ending	12/31/	2012	
A This ret	urn/report is for: $\overline{f X}$ a single-employer plan $oxedsymbol{f \Box}$ a	multiple-employer p	lan (not multiemployer)		a one-particip	oant plan
<b>B</b> This ret	urn/report is: the first return/report the	ne final return/report				
	an amended return/report a	short plan year retur	n/report (less than 12 m	onths	)	
C Check I	pox if filing under: Form 5558	utomatic extension			DFVC progra	ım
	special extension (enter description)	)				
Part II	Basic Plan Information—enter all requested informati					
1a Name	•	<u> </u>		1b	Three-digit	
	Y FARMS PRODUCE COMPANY 401(K) PLAN				plan number	
				L_	(PN) <b>•</b>	001
				1c	Effective date o	•
2a Plan si	consor's name and address; include room or suite number (em	player if for a single	omployor plan)	2h	01/01	
EASTERDA	Y FARMS PRODUCE COMPANY	ployer, ir for a sirigle	-employer plan)	20	Employer Identification (EIN) 91-17	07419
				2c	Sponsor's telep	hone number
PO BOX 281	3				509-54	
PASCO, WA				2d	Business code (	see instructions)
					11121	0
3a Plan a	dministrator's name and address $oxed{ exttt{X}}$ Same as Plan Sponsor Nai	me Same as Pla	n Sponsor Address	3b	Administrator's	EIN
				30	Administrator's	elephone number
				30	Administrators	elepriorie flumber
	name and/or EIN of the plan sponsor has changed since the las	st return/report filed f	or this plan, enter the	4b	EIN	
name, <b>a</b> Spons	EIN, and the plan number from the last return/report.			40	PN	
	number of participants at the beginning of the plan year			5a	T	120
_	number of participants at the end of the plan year			5b		110
	er of participants with account balances as of the end of the pla			30		110
	ete this item)	• '		5c		28
6a Were	all of the plan's assets during the plan year invested in eligible	assets? (See instruc	ctions.)			X Yes No
	ou claiming a waiver of the annual examination and report of an					Vac □ Na
	29 CFR 2520.104-46? (See instructions on waiver eligibility an answered "No" to either line 6a or line 6b, the plan cannot					X Yes   No
	<ul> <li>penalty for the late or incomplete filing of this return/repo- alties of perjury and other penalties set forth in the instructions,</li> </ul>					able a Schodule
	edule MB completed and signed by an enrolled actuary, as well					
belief, it is t	rue, correct, and complete.				·	-
SIGN	Filed with authorized/valid electronic signature.	07/04/2013	TAMMY HEBERLEIN			
HERE	•	_		ناما منا		oinintrator
	Signature of plan administrator	Date	Enter name of individ	uai si	gning as pian adr	ninistrator
SIGN HERE						
	Signature of employer/plan sponsor	Date	Enter name of individ			
Preparer's	name (including firm name, if applicable) and address; include	room or suite numbe	er (optional)	Prep	parer's telephone	number (optional)

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Do	t III   Financial Information		<u> </u>				
	t III   Financial Information		(a) Daniminu of Var				(h) Fud of Voor
	Plan Assets and Liabilities  Total plan assets	70	(a) Beginning of Yea		+		(b) End of Year
	Total plan assets  Total plan liabilities	7a 7b	17093	55			258346
	Net plan assets (subtract line 7b from line 7a)	76 7c	17893	25			258346
	Income, Expenses, and Transfers for this Plan Year	70		55			
	Contributions received or receivable from:		(a) Amount				(b) Total
	(1) Employers	8a(1)	3016	3			
	(2) Participants	8a(2)	3323	39			
	(3) Others (including rollovers)	8a(3)					
<u>b</u>	Other income (loss)	8b	2367	<b>'</b> 9			
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c					87081
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	518	5			
<u>e</u>	Certain deemed and/or corrective distributions (see instructions)	8e					
f	Administrative service providers (salaries, fees, commissions)	8f	248	5			
g	Other expenses	8g					
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					7670
<u>i</u>	Net income (loss) (subtract line 8h from line 8c)	8i					79411
<u>j</u>	Transfers to (from) the plan (see instructions)	8j					
Par	t IV Plan Characteristics						
9a	If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature co	des from the List of Plan Char	acteris	stic Co	des in	the instructions:
b	If the plan provides welfare benefits, enter the applicable welfare fe	eature cod	les from the List of Plan Chara	cterist	ic Cod	es in tl	he instructions:
Part	V Compliance Questions						
10	During the plan year:				Yes	No	Amount
а				10a		X	
b		? (Do not	include transactions reported	10b		X	
С	Was the plan covered by a fidelity bond?			10c	Χ		25800
d	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bo	nd, that was caused by fraud			X	23000
	or dishonesty?			10d			
е	Were any fees or commissions paid to any brokers, agents, or oth insurance service or other organization that provides some or all cinstructions.)	of the bene	efits under the plan? (See	10e		X	
f	Has the plan failed to provide any benefit when due under the plan			10f		Χ	
g	Did the plan have any participant loans? (If "Yes," enter amount a					Χ	
h	If this is an individual account plan, was there a blackout period?	(See instru	uctions and 29 CFR	10g		X	
i	If 10h was answered "Yes," check the box if you either provided the	ne require	d notice or one of the	10h		X	
Dowl	exceptions to providing the notice applied under 29 CFR 2520.10	1-3		10i			
Part 11	Is this a defined benefit plan subject to minimum funding requirem						
11a	5500) and line 11a below)  Enter the amount from Schedule SB line 39					11a	1es   N
12	Is this a defined contribution plan subject to the minimum funding					302 of	ERISA? Yes X No
	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below,						<u> </u>
а	If a waiver of the minimum funding standard for a prior year is beir granting the waiver.	ng amortiz	ed in this plan year, see instru		and e	enter th Day	ne date of the letter ruling Year
If	you completed line 12a, complete lines 3, 9, and 10 of Schedul						
b	Enter the minimum required contribution for this plan year					12b	

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	Enter the amount contributed by the employer to the plan for this plan year	12c		
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d		
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?		Yes	No N/A
Part	VII Plan Terminations and Transfers of Assets			
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes X No	
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	. 13a		
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?	control		Yes X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to		_
1	3c(1) Name of plan(s):	3c(2) E	IN(s)	<b>13c(3)</b> PN(s)
Part	VIII Trust Information (optional)			
	Name of trust	14b ⊤	rust's EIN	

## Form 5500-SF

Department of the Treasury Internal Revenue Service

Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation

**Annual Report Identification Information** 

For calendar plan year 2012 or fiscal plan year beginning

Part I

## Short Form Annual Return/Report of Small Employee Benefit Plan

This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Internal Revenue Code (the Code).

the Internal Revenue Code (the Code).

Complete all entries in accordance with the instructions to the Form 5500-SF.

and ending

12/31/2012

OMB Nos. 1210-0110 1210-0089

2012

This Form is Open to Public Inspection

Α	This ret	urn/report is for:	a single-employer plan	a multiple-employer pl	lan (not multiemployer)	a one-particip	pant plan
В	This ret	urn/report is:	the first return/report	the final return/report			
			an amended return/report	a short plan year return	n/report (less than 12 mor	iths)	
C	Check b	oox if filing under:	Form 5558	automatic extension		DFVC progra	am
			special extension (enter des	cription)			
P	art II	Basic Plan Info	ormation—enter all requested in	nformation		23 00	
1a	Name	of plan			3)	<b>1b</b> Three-digit	
Eas	terday F	arms Produce Comp	any 401(k) Plan			plan number (PN) ▶	001
					3	1c Effective date of 01/01/2	
		ponsor's name and a arms Produce Comp	ddress; include room or suite numl any	ber (employer, if for a single-	employer plan)	2b Employer Identii (EIN) 91-170	
DO.	Box 281	2				2c Sponsor's telep (509) 54	
гО	DUX 201	3				2d Business code (	CONTRACT THE CONTRACT AND CONTRACT OF THE
	co, WA			п п		111210	
3a	Plan a	dministrator's name a	and address X Same as Plan Spor	nsor Name Same as Plar	Sponsor Address	3b Administrator's I	EIN
						3c Administrator's t	telephone number
4			ne plan sponsor has changed since	e the last return/report filed for	or this plan, enter the	4b EIN	
	name,	, EIN, and the plan nu	ne plan sponsor has changed since umber from the last return/report.	e the last return/report filed fo	THE CONTRACTOR IN CONTRACTOR OF THE PROPERTY ASSESSMENT OF THE PROPERTY OF THE		
а	name, Spons	, EIN, and the plan nu or's name	이 있는데 아들에게 되었다면서 그는 사람들은 가격이 보고 있다면 있다면 되었다면 가득이 보고 있다면 하는데 하다.	entalistati (in international menoralista et entreta en en entreta contrata periodo en esta entreta periodo en	The Committee State of the Committee	4c PN	120
a 5a	name, Sponso Total r	, EIN, and the plan nu or's name number of participant	umber from the last return/report.			4c PN 5a	120
a 5a	name, Sponso Total r Total r Numbe	EIN, and the plan nu or's name number of participant number of participant er of participants with	umber from the last return/report. s at the beginning of the plan year	f the plan year (defined bene	efit plans do not	4c PN	
a 5a b	Total r Number Comple	EIN, and the plan nuor's name number of participant number of participant er of participants with ete this item)	s at the beginning of the plan year s at the end of the plan year	f the plan year (defined bene	efit plans do not	4c PN 5a 5b 5c	110
a 5a b c	Total r Total r Number compl Were Are younder	EIN, and the plan nuor's name number of participant number of participants with ete this item)	s at the beginning of the plan year is at the end of the plan year account balances as of the end of the during the plan year invested in of the annual examination and repositions of the instructions on waiver eligitations.	f the plan year (defined bene eligible assets? (See instruc ort of an independent qualifie bility and conditions.)	efit plans do not ctions.) ed public accountant (IQPA	4c PN 5a 5b 5c	110
5a b c 6a b	name, Sponso Total r Total r Numbe compl Were Are younder If you	EIN, and the plan nuor's name number of participant er of participants with ete this item)	s at the beginning of the plan year is at the end of the plan year	f the plan year (defined bene eligible assets? (See instruc ort of an independent qualifie bility and conditions.) cannot use Form 5500-SF	efit plans do not stions.)	4c PN 5a 5b 5c 	110 28 X Yes No
5a b c c 6a b	name, Sponso Total r Total r Numbe compl Were Are you under If you ution: A der pena or Sche	EIN, and the plan nuor's name number of participant er of participants with ete this item) all of the plan's asse ou claiming a waiver of 29 CFR 2520.104-46 answered "No" to a penalty for the late alties of perjury and o	s at the beginning of the plan year is at the end of the plan year in account balances as of the end of the annual examination and report (See instructions on waiver eligination) in the plan year invested in the annual examination and report (See instructions on waiver eligination) in the plan is or incomplete filing of this return the penalties set forth in the instruction signed by an enrolled actuary,	eligible assets? (See instruction of an independent qualifier billity and conditions.)	efit plans do not  etions.)  ed public accountant (IQP/ and must instead use Founders reasonable cause examined this return/repo	4c PN 5a 5b 5c A) orm 5500. e is established. rt, including, if applica	110  28  X Yes No  X Yes No
5a b c c 6a b C Ca Un SB bel	name, Sponso Total r Total r Numbe compl Were Are you under If you ution: A der pena or Sche ief, it is t	EIN, and the plan nuor's name number of participant er of participants with ete this item)	s at the beginning of the plan year is at the end of the plan year in account balances as of the end of the annual examination and report (See instructions on waiver eligination) in the plan year invested in the annual examination and report (See instructions on waiver eligination) in the plan is or incomplete filing of this return the penalties set forth in the instruction signed by an enrolled actuary,	eligible assets? (See instruction of an independent qualifier billity and conditions.)	efit plans do not  etions.)  ed public accountant (IQP/ and must instead use Founders reasonable cause examined this return/repo	4c PN 5a 5b 5c A) orm 5500. e is established. rt, including, if applica	110  28  X Yes No  X Yes No
5a b c C 6a b Un SB bel	name, Sponso Total r Total r Numbe compl Were Are you under If you ution: A der pena or Sche ief, it is t	EIN, and the plan nuor's name number of participant number of participant er of participants with ete this item)	s at the beginning of the plan year is at the end of the plan year account balances as of the end of the annual examination and reposit (See instructions on waiver eligibility eligibility end of the plan year invested in of the annual examination and reposit (See instructions on waiver eligibility eligibility end of the plan or incomplete filing of this return the penalties set forth in the instruction of the plan in the penalties set forth in the instruction of the plan in the penalties set forth in the instruction of the plan in the penalties.	eligible assets? (See instruction of an independent qualification of an independent qualification of an independent set of an independent	efit plans do not ed public accountant (IQP/ and must instead use Founless reasonable cause examined this return/report, a	4c PN 5a 5b 5c A) orm 5500. e is established. rt, including, if applicated to the best of my	28  X Yes No  X Yes No  able, a Schedule knowledge and
aa 5aa b c c 6aa b Ca Un SBB bel	name, Sponsor Total r Total r Numbe compl Were Are younder If you ution: A der pena or Sche ief, it is t	EIN, and the plan nuor's name number of participant number of participant er of participants with ete this item)	s at the beginning of the plan year is at the end of the plan year account balances as of the end of the annual examination and reposit (See instructions on waiver eligibility eligibility end of the plan year invested in of the annual examination and reposit (See instructions on waiver eligibility eligibility end of the plan or incomplete filing of this return the penalties set forth in the instruction of the plan in the penalties set forth in the instruction of the plan in the penalties set forth in the instruction of the plan in the penalties.	eligible assets? (See instructor of an independent qualifier bility and conditions.)	efit plans do not  etions.)  ed public accountant (IQP/  and must instead use Founless reasonable cause examined this return/report, a	4c PN 5a 5b 5c A) orm 5500. e is established. rt, including, if applicated to the best of my	28  X Yes No  X Yes No  able, a Schedule knowledge and
Ga b Ca Un SB bel SICHE	name, Sponso Total r Total r Numbe compl Were Are you under If you ution: A der pena or Sche ief, it is t	EIN, and the plan nuor's name number of participant er of participants with ete this item)	s at the beginning of the plan year is at the end of the plan year	eligible assets? (See instructor of an independent qualifier billity and conditions.)	efit plans do not  ed public accountant (IQP/ and must instead use Founless reasonable cause examined this return/report, a  Tammy Heberlein Enter name of individual	4c PN 5a 5b 5c A) orm 5500. e is established. rt, including, if applicated to the best of my all signing as plan adm	28  X Yes No  X Yes No  Showledge and
Ga b Ca Un SB bel SICHE	name, Sponso Total r Total r Numbe compl Were Are you under If you ution: A der pena or Sche ief, it is t	EIN, and the plan nuor's name number of participant er of participants with ete this item)	s at the beginning of the plan year is at the end of the plan year	eligible assets? (See instructor of an independent qualifier billity and conditions.)	efit plans do not  ed public accountant (IQP/ and must instead use Founless reasonable cause examined this return/report, a  Tammy Heberlein Enter name of individual	4c PN 5a 5b 5c A) orm 5500. e is established. rt, including, if applicated to the best of my	28  X Yes No  X Yes No  Showledge and
Ga b Ca Un SB bel SICHE	name, Sponso Total r Total r Numbe compl Were Are you under If you ution: A der pena or Sche ief, it is t	EIN, and the plan nuor's name number of participant er of participants with ete this item)	s at the beginning of the plan year is at the end of the plan year	eligible assets? (See instructor of an independent qualifier billity and conditions.)	efit plans do not  ed public accountant (IQP/ and must instead use Founless reasonable cause examined this return/report, a  Tammy Heberlein Enter name of individual	4c PN 5a 5b 5c A) orm 5500. e is established. rt, including, if applicated to the best of my all signing as plan adm	28  X Yes No  X Yes No  Showledge and

Part III Financial Information					lai	
7 Plan Assets and Liabilities		(a) Beginning of Yea	ar			(b) End of Year
a Total plan assets	7а	17893	5			258346
b Total plan liabilities	7b					
C Net plan assets (subtract line 7b from line 7a)	7с	17893	5			258346
8 Income, Expenses, and Transfers for this Plan Year		(a) Amount				(b) Total
a Contributions received or receivable from:	0-(4)	2040				
(1) Employers		3016	3000			
(2) Participants		3323	9	100		
(3) Others (including rollovers)	2000	2267	0			
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)		2367	9	5		07004
d Benefits paid (including direct rollovers and insurance premiums						87081
to provide benefits)		518	5			
e Certain deemed and/or corrective distributions (see instructions)	8e					
f Administrative service providers (salaries, fees, commissions)	8f	248	5			
g Other expenses	8g					
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h					7670
i Net income (loss) (subtract line 8h from line 8c)	-		=			79411
j Transfers to (from) the plan (see instructions)	···· 8j					
If the plan provides pension benefits, enter the applicable welfare.    Deat V   Compliance Overtices	2 22 11	THE STATE OF THE S				Procedure and Control State of the Control of the C
Part V Compliance Questions  10 During the plan year:		ARA M		Yes	No	*************
a Was there a failure to transmit to the plan any participant contr 29 CFR 2510.3-102? (See instructions and DOL's Voluntary F		The contraction of the contracti	10a	163	X	Amount
b Were there any nonexempt transactions with any party-in-inter on line 10a.)	est? (Do not inc	lude transactions reported	10b		x	
C Was the plan covered by a fidelity bond?			10c	×		25800
d Did the plan have a loss, whether or not reimbursed by the plan or dishonesty?			10d		Х	23000
Were any fees or commissions paid to any brokers, agents, or insurance service or other organization that provides some or a instructions.)	all of the benefit	s under the plan? (See	10e		х	
<b>f</b> Has the plan failed to provide any benefit when due under the	plan?	************	10f		Х	
g Did the plan have any participant loans? (If "Yes," enter amour	nt as of year end	.)	10g		Х	W187
h If this is an individual account plan, was there a blackout period 2520.101-3.)			10h		х	
i If 10h was answered "Yes," check the box if you either provide exceptions to providing the notice applied under 29 CFR 2520.			10i		х	
Part VI Pension Funding Compliance						
11 Is this a defined benefit plan subject to minimum funding requir 5500) and line 11a below)	Service in condition and executive and other and other conditions	NAME OF THE PROPERTY OF THE PR	m•construction in			Annual Control of the
11a Enter the amount from Schedule SB line 39					11a	
12 Is this a defined contribution plan subject to the minimum fund	ing requirement	s of section 412 of the Code	or se	ction 3	302 of E	ERISA? Yes X No
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below						
a If a waiver of the minimum funding standard for a prior year is begranting the waiver.		Mon		and e	enter th Day	e date of the letter ruling Year
If you completed line 12a, complete lines 3, 9, and 10 of Scheo		1199		-	40. I	
<b>b</b> Enter the minimum required contribution for this plan year					12b	10.11.5

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С	Enter the amount contributed by the employer to the plan for this plan year	120	Τ			
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d				
е	Will the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A
Part	VII Plan Terminations and Transfers of Assets					
13a	Has a resolution to terminate the plan been adopted in any plan year?		Yes	s X No		
F-12	If "Yes," enter the amount of any plan assets that reverted to the employer this year	13a				
b	Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the of the PBGC?		ol		Yes	X No
С	If during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) which assets or liabilities were transferred. (See instructions.)	to				
1	3c(1) Name of plan(s):	3c(2)	EIN(	s)	13c(3	) PN(s)
Part	VIII Trust Information (optional)					
14a	Name of trust	14b	Trus	t's EIN		